

# City of Morristown Beer Board

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## Beer Permit Application Checklist

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact # \_\_\_\_\_

### Provided By Applicant

- \_\_\_ Application
- \_\_\_ Application fee
- \_\_\_ Authorization for Criminal History Inquiry
- \_\_\_ Designation of Registered Office and Registered Agent
- \_\_\_ Certified copy of deed or copy of lease agreement
- \_\_\_ Sales Tax Certification (copy of certification of registration)
- \_\_\_ Restaurant seating area plan showing a minimum of 75 seats
- \_\_\_ Certified Site Plan and Floor Plan (if facility is not existing)

### Provided By the City of Morristown

- \_\_\_ Site Plan Certification (by City Engineer)

### Current taxes verified

- \_\_\_ City Taxes
- \_\_\_ County Taxes

### Public Notices

- \_\_\_ Notice of Beer Board Meeting
- \_\_\_ Signs Posted at Location of Business – Date Posted: \_\_\_\_\_
- \_\_\_ Newspaper Notice of Application – Date Ran in Paper: \_\_\_\_\_
- \_\_\_ Background Investigation
- \_\_\_ Date of Beer Board Approval: \_\_\_\_\_
- \_\_\_ Copy of Permit (Number \_\_\_\_\_) Issued
- \_\_\_ Prorated Privilege Tax Paid

\_\_\_\_\_ Signature of person verifying completion of checklist

AUTHORIZATION FOR CRIMINAL HISTORY INQUIRY

\_\_\_\_\_   
Date

I, the undersigned applicant, or duly authorized signatory for applicant, for a permit authorizing the sale of beer within the City of Morristown, Tennessee, do hereby authorize the City of Morristown, by and through its agents and representatives and employees, to make inquiry, whether verbal, written, or electronic, of any and all law enforcement agencies or clerks of courts, whether, state, federal or local, concerning my criminal history of any convictions that I have had for any misdemeanor or felony, involving other than minor traffic violations, within the last ten (10) years from the date above.

I, the undersigned, further authorize any and all law enforcement agencies or clerks of courts, whether state, federal or local, or any state, federal, local or national entity storing and providing criminal history data, to release the afore stated information to the City of Morristown.

Residences for Past 10 Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name – Printed

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Witness - Printed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Signature

**CITY OF MORRISTOWN  
APPLICATION FOR BEER PERMIT**

Received by Tax Office:

DATE: \_\_\_\_\_

**I N S T R U C T I O N S**

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "unknown" only if you do not know the answer. Use blank space at end of form for extra details on any question for which you have insufficient space.
2. Type, print, or write carefully. Illegible or incomplete forms will not receive consideration.
3. Consider your answers carefully. Your signature at the end of this form will certify as to their correctness.

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**SECTION I – OWNERSHIP INFORMATION**

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1- Name of Owner

\_\_\_\_\_

2- Check One for the Type of Ownership

<input type="checkbox"/> Person	<input type="checkbox"/> Firm	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Syndicate	<input type="checkbox"/> Association
<input type="checkbox"/> Joint-Stock Company		

3- Name(s), date(s) of birth and social security number(s) of all person(s) who own a 5% or greater interest in the owner (Attach supplemental sheet if needed).

\_\_\_\_\_

4- If you are the sole owner of the business listed above, please complete all remaining questions in the application.

\_\_\_\_\_

5- If the owner listed in # 4, above is a corporation, firm, joint-stock company, syndicate, partnership or association, please complete Sections III, VI, VII, VIII and X of this application. Additionally, if the owner listed in # 4, above is a partnership, please complete Sections II, III, IV, and V for each partner.

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**SECTION II – GENERAL DATA**

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1- Full Name (last, first, middle)	2- Age Date of Birth	3- Sex Male _____ Female _____
4- Height	5- Weight	6- Color of Eyes
7- Color of Hair	8- Type Complexion	9- Type Build
10- Social Security No.	11- Driver's License No. & State of Issue	

\_\_\_\_\_

12-	Father's Full Name	13-	Mother's Maiden Name
14-	Previous Employment		
15-	Marital Status Married _____ Single _____	16-	Spouse's Name
17-	Scars (Type and Location)		
18-	Other Distinguishing Features		
19-	Current Address		
20-	Permanent Address		
21-	Home Telephone No.	22-	Work Telephone No.
		23-	Legal Residence
24-	Nickname	25-	Other Names You Have Used
26-	Indicate circumstances (including length of time under which you have ever used these names)		
27-	If legally changed, give particulars (where and by what authority)		

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### SECTION III – CITIZENSHIP

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**To be completed by individual owners and each partner in a partnership**

- 1- Are you a U.S. citizen or legal alien?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 2- If you are a legal alien, please provide your certificate number.  
\_\_\_\_\_

**To be completed by all other types of owners listed**

- 3- Are you domesticated in the State of Tennessee?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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### SECTION IV – MILITARY SERVICE

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1-	In what military organizations have you served?		
2-	Date of separation	3-	Total length of service
4-	Serial or file No.	5-	Rank or grade
		6-	Type of discharge

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**SECTION V – RESIDENCES FOR THE PAST 10 YEARS**

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**To be completed by individual owners (Use supplemental sheet if needed)**

<u>Address – Most recent first</u>				<u>Inclusive dates</u>	
No.	Street	City	State/Zip	From	To

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**SECTION VI – ADDITIONAL INFORMATION**

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**Special Instructions**

If your answer is "yes" to any of the following questions, please provide complete details for each question on a separate signed sheet and attach the sheet to this form. A "yes" answer does not mean automatic refusal of a beer permit; however, failure to disclose may result in such a denial.

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**To be completed by individual owners:**

- 1- Have you ever been arrested, indicted or convicted for any violation of the law other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 2- Have you ever been arrested or court-martialed under military law or regulation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**To be completed by all other types of owners listed:**

- 3- Has any member listed on this application or any supplemental information form been arrested, indicted or convicted for any violation of the law other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - 4- Has any member listed on this application or any supplemental information form been arrested or court-martialed under military law or regulation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
-

**SECTION VII – PERMIT DATA**

1- Type of Permit Applied For:  
 On Premise \_\_\_\_\_ Off Premise \_\_\_\_\_

2- Type of Business:      Restaurant \_\_\_\_\_      Distributor \_\_\_\_\_  
                                   Patriotic Organization \_\_\_\_\_      Club \_\_\_\_\_  
                                   Drug Store \_\_\_\_\_      Full Line Grocery Store \_\_\_\_\_  
                                   Convenience Store \_\_\_\_\_      Lodge \_\_\_\_\_

<p>Charters that have been issued by the State of Tennessee must be presented with this completed application in all cases of lodges, patriotic organizations, and clubs. These charters will be examined and returned to applicant at the time this application is presented before the Beer Board</p>	<p align="center"><b>DO NOT WRITE IN THIS BLOCK</b>          For Use by City of Morristown Only</p> <p>Charter Presented      Yes ____ No ____          Charter Returned      Yes ____ No ____</p> <p>Issued by _____          Date _____          In Name of _____</p> <p>Signature of          Tax Clerk _____</p>
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3- Do you possess a valid business license issued by the City of Morristown?  
 Yes \_\_\_\_ No \_\_\_\_  
 Date of Issue \_\_\_\_\_ -

4- Complete address of business wherein beer is to be sold:

<p><b>DO NOT WRITE IN THIS BLOCK</b>          For Use by City of Morristown Only</p>	
<p>Requested location is in a Nonconforming _____ Conforming _____ location under the zoning laws and ordinances of the City of Morristown.</p>	
<p><b>For Off Premise Permits Only:</b> Is requested location within 150 ft. of property on which any church, school, or city park is located?      Yes ____ No ____ N/A ____</p>	
<p>If yes, identify establishment. _____</p>	
	<p>Signature of          City Planner _____</p>
<p>Have occupancy issues been addressed by City Inspections?: Non-Conforming__ Conforming__.</p>	
	<p>Signature of          City Inspector _____</p>
<p>Have fire code inspections been completed?: Non-Conforming__ Conforming__</p>	
	<p>Signature of          Fire Marshall _____</p>

5- Complete name of business wherein beer is to be sold:

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6- Do you now possess a beer license? Yes \_\_\_\_ No.\_\_\_\_ If yes, list name of business, address, and type of license on separate sheet.

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7- Identify the Registered Agent (chapter 209 of the Beer Ordinance)

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8- Identify the individual who is to receive annual tax notices and any other communication from the Tax Office, City Council, or Beer Board and list their address.

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**SECTION VIII – GENERAL INFORMATION AND AGREEMENTS**

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1- Do you agree not to engage in the sale, storage, manufacture, or distribution of beer other than at the place for which a permit was issued?  
Yes \_\_\_\_ No \_\_\_\_

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2- Do you agree that sale, storage, manufacture, or distribution of beer will be made only in accordance with the permit granted?  
Yes \_\_\_\_ No \_\_\_\_

3- Do you agree that no sales will be made to any person under twenty-one years of age?  
Yes \_\_\_\_ No \_\_\_\_

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4- Have you received and read the Beer Ordinance of the City of Morristown, and do you agree not to violate any of its requirements?  
Yes \_\_\_\_ No \_\_\_\_

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5- Have you ever had a license for the sale, storage, manufacture, or distribution of legalized beer revoked?  
Yes \_\_\_\_ No \_\_\_\_  
If the answer is yes, give complete details on separate sheet of paper.

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**To be completed by individual owners:**

6- Have you or any of your employees involved in the distribution, storage, manufacture, or sale of beer ever been convicted of any violation of any law involving prohibition, sale, manufacture, storage, distribution or transportation of any alcoholic beverage or any crime involving moral turpitude within the past 10 years immediately preceding the date of this application?  
Yes \_\_\_\_ No \_\_\_\_  
If the answer is yes, give complete details on separate sheet of paper.

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**To be completed by all other types of owners listed:**

7- Has any person listed on this application or any supplemental information form involved in the distribution, storage, manufacture, or sale of beer ever been convicted of any violation of any law involving prohibition, sale, manufacture, storage, distribution or transportation of any alcoholic beverage or any crime involving moral turpitude within the past 10 years immediately preceding the date of this application?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is yes, give complete details on separate sheet of paper.

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8- Do you agree not to employ any person so convicted?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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9- Do any brewers, manufacturers, distributors or warehousemen of legalized beer have any interest in the business, financial or otherwise or in the premises upon or in which the business is to be licensed to sell beer at retail?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is yes, give complete details on separate sheet of paper.

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**To be completed by individual owners and partnerships:**

10- Are you willing to be fingerprinted by the Police Department, City of Morristown?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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**To be completed by all other types of owners listed:**

11- If requested, are you willing for any member listed with a 5% or greater ownership to be fingerprinted by the Morristown Police Department?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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12- Is a completed fingerprint card submitted with this application?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Applicant may have cards completed at Morristown Police Department.

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**SECTION IX – REFERENCES**

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Please give the correct name, address, zip code, and telephone number of at least three people who have known you personally for a period of at least three years.

Name	Address	City/State/Zip	Phone
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**SECTION X – SIGNATURES**

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STATE OF TENNESSEE  
COUNTY OF HAMBLEN

The undersigned \_\_\_\_\_, hereby makes oath and swears that all the facts and answers set forth in the above application are true and correct to the best of my knowledge, information, and belief; that misrepresentation of facts and/or withholding of information on this application may result in the denial of a beverage permit now and can forfeit the eligibility to receive any permit for a period of ten (10) years, that I will comply with the laws of the United States, and of the State of Tennessee, and Ordinances of the City of Morristown, that I have received a copy of and read the Beer Ordinance of the City of Morristown, and all amendments thereto. The undersigned further makes oath that if the owner is a corporation, firm, joint-stock company, syndicate, partnership or association, that he or she is authorized to execute this application on behalf of the owner.

In testimony whereof witness my signature on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant

Sworn to and subscribed by \_\_\_\_\_ before me, a notary public in and for said State and County, on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires

\_\_\_\_\_

**\* \* \* NOTICE \* \* \***

**YOUR PRESENCE IS REQUIRED AT THE  
BEER BOARD MEETING AT WHICH  
YOUR BEER PERMIT APPLICATION IS  
BEING CONSIDERED**

## RECORD CHECKS

### Local Record Checks:

<b>Department:</b>	<b>Date:</b>	<b>Clerk's Signature:</b>
Morristown Police Dept		
Hamblen Co Sheriff's Dept		

### Other Record Checks:

<b>Department:</b>	<b>Date:</b>	<b>Clerk's Signature:</b>